

## Unit of Study:

Teachers Name:

Course:

Grade Level:

Date:

to

<b>Essential Questions:</b>		
<b>Resource Checklist:</b>	<b>Evaluation/Assessment Checklist:</b>	<b>Connections (i.e. <a href="#">Core Content</a>, <a href="#">Academic Expectations</a>, <a href="#">Program of Studies</a>, etc.):</b>
<input type="checkbox"/> Audio/Visual <input type="checkbox"/> Algebra Tiles <input type="checkbox"/> Computers <input type="checkbox"/> Cubes <input type="checkbox"/> Dry Erase Boards <input type="checkbox"/> Graph Paper <input type="checkbox"/> Graphing Calculator <input type="checkbox"/> Illustration/Graphic <input type="checkbox"/> Lab Access <input type="checkbox"/> Procedure/Lab Instructions <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Reading Materials: Article, Information Guide, Manuals, Manuals <input type="checkbox"/> Other: Please specify:	<input type="checkbox"/> <b>AR</b> Anecdotal Records <input type="checkbox"/> <b>CA</b> Cooperative Activity <input type="checkbox"/> <b>CL</b> Checklist <input type="checkbox"/> <b>HW</b> Homework <input type="checkbox"/> <b>JE</b> Journal Entry <input type="checkbox"/> <b>OP</b> Observe/Participation <input type="checkbox"/> <b>OR</b> Open Response <input type="checkbox"/> <b>PF</b> Portfolio Writing <input type="checkbox"/> <b>PT</b> Presentation <input type="checkbox"/> <b>P</b> Project <input type="checkbox"/> <b>Q</b> Quiz <input type="checkbox"/> <b>SA</b> Self-Assessment <input type="checkbox"/> <b>T</b> Test <input type="checkbox"/> <b>WS</b> Worksheet <input type="checkbox"/> Other: Please specify:	

# Gardner Multiple Intelligences:

**V** – Verbal-Linguistic

**L** – Logical-Mathematical

**S** – Spatial

**M** – Musical

**B** – Bodily-Kinesthetic

**P** – Interpersonal

**I** – Intrapersonal

**N** – Naturalist

Day/ Date:	Lesson Objective(s):	Activities:	Materials:	Strategy Tool(s):	Assignment(s):	Evaluation/ Assessment(s):	MI
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**Culminating Performance/Product (Evidence of Learning):**

